	GN FINANCE R E OF WISCONS		<		
Is This Report an Amendment:	No		NAUKEE C	OUNTY	
			YAUKEE COUNTY TION COMMISSION		
COMMITTEE IDENTIFICATION	er of each schedul	2011	FEB -7	p I: II	13
Name of Committee KRAFGER FOR SUPERVISO, Street Address 4975 5, 15 th PL. City, State and Zip Code	R DIST #		ECEI		
		· · · · · · · · · · · · · · · · · · ·	WSEB ID N		
MILWAUKEE, WI 5322		· · · · · · · · · · · · · · · · · · ·			
Please check if address is different than previously reported, as NAME OF REPORT	nd complete the Camp	aign Registration Sta	tement in the	back of this form.	므니
January Continuing Pre-Primary		J.,			
		Fall Spec	cia!	☐ Termination	Report
July Continuing Pre-Election	Spring [Fall Spec	ial	also complete Sch	
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar		Audited Totals Office Use Only	
1. RECEIPTS		Year-To-Date	¥		
IA. Contributions (Including Loans) from Individuals	\$51,305.	\$51,325,00	s	s	
1B. Contributions from Committees (Transfers-In)	\$	\$	s	\$	1 1
1C. Other Income and Commercial Loans	\$	\$	\$ \$		8
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$51,325.00	\$57,325.00	5. oo s		
2. DISBURSEMENTS					
2A. Gross Expenditures	\$7372.64	\$ 7372.64	s	\$	
2B. Contributions to Committees (Transfers-Out)	\$	\$	s	\$	96
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$	\$	\$	
CASH SUMMARY			16		
Cash Balance Beginning of Report	s Ø			\$	
Total Receipts	\$51,325,00			\$	
Subtotal	\$50 325			\$	
Total Disbursements	\$7372.64	Į		s	
CASH BALANCE END OF REPORT	\$43,952.36			s	
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			s	
LOANS (Balance at the Close of This Period-3B)	\$			\$	
I certify that I have examined this report and to the best of	my knowledge and	belief it is true. corr	ect and com	plete.	•

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 3-5-2011
LYNN CLARKE		2 3-2011
KINI DUINGE	Mumal To Like	2/2 4/2-7-2
	Jum Bluke	Daytime Phone: 269-510-2078
	763	

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page ____ of ___

Complete Comm				
	GER FOR SUPERV	ISOR DIST 14		
Instructions for	r completing schedules are on the back of ea	ch schedule. Occupation, Name and Address of Principal Place	A-avat I	
	To Africa 2	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
119111	JANES KUPFERSCHMID		\$	
	2121 E RAVOSON AVE	RETIRED	\$100.00	
	OAK CREEK, WI 53,54		,, , L	Office Use
	,		ļ	
Date	Check if: In-Kind Conduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Onlandar
		Of Employment (if year-to-date total exceeds \$100)	!	Calendar Year-to-Date Total
11/2/11	MICHAEL J. HOLASEK		9	
	3747 E. VAN NORMAN AND	RETIRES	375,00	<u>-</u>
	CUDAHY, WI \$3110	760117600	3/3/	Office Use
:				
Date	Check if: 1n-Kind Conduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
	STACY KAAY	Of Employment (if year-to-date total exceeds \$100)	Allouit	Year-to-Date Total
1125111			\$	
	2833 LINEBARGER TEER	PHOTOGRAPHER	\$0:00	
	MILWAKEE, WI 53207	2833 LINEBARGER TERR.	.—	Office Use
		MILWAKEE, WI 53207	3	
Date	Check if: The Kind Conduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
11/2/11	STEVEN KRAEGER	Of Employment (if year-to-date total exceeds \$100)	741100111	Year-to-Date Total
1114111		STEVEN KRAEGER TRUCKING	J	
10	4975 S. 15 EL PL	4975 6 154PL	850.00	0.00
	MILWANKEE, WI 53221-	MILWAUKEE W 53221 -		Office Use
		2831		
Date	Check if: In-Kind Conduit Check Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 120111	STEVENT MANNET	Of Employment (if year-to-date total exceeds \$100)	4	Year-to-Date Total
2 12011		STEVEN KRAEGER TRUCKING	# 00	•
		4975 3 15 ES PL	50,000.	Office Use
	MILWAUKEE, WI 53221-	MICWAURGE, W153221 - 283,		Office 036
	Check if: In-Kind Conduit Check	2857		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)	1	Year-to-Date Total
			<u> </u>	Office Use
			·	0
	Check if: In-Kind Conduit Loan			
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
I = I		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
•		1] 		Office Use
	Check if: In-Kind Conduit Loan			
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
			1	Office Use
	Check if: In-Kind Conduit Loan			
	Alle	OTAL ITEMIZED CONTRIBUTIONS THE CASE	\$5/325.00	<u> </u>
	SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	637	20 22
		TOTAL ITEMIZED CONTRIBUTIONS	\$57325.	
	745.1	L UNITEMIZED CONTRIBUTIONS \$20 OR LESS	s 6	(4)
	IUIA	LUMITEMIZED COMTRIBUTIONS \$20 OR LESS	/	2.5
	TOTAL CO	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 5/325.	

. 1 .

DISBURSEMENTS Gross Expenditures

Page Lof 2

Complete Committee Name

KRAEGER FOR SUPERVISOR DIST #14

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Specific Purpose of Office Usa Amount Of Person or Business to Whom Payment is Made

WALGREEN'S Expenditure UPTONCETO

4730 S 274 ST

MILWAREE, WI

Check if: 3 In-Kind Offset

Full Name, Mailing Address and Zip Code

Of Person or Business to Whom Payment is Made \$12,20 PHOTO DEVELOPING Specific Purpose of Amount Office Use Expenditure 1,19,11 CITY OF MILWAKEE 200 WELLS ST. VOTER LIST \$80.80 DOCUMENTS MILWAUREE, WI Check if: In-Kind Offset
Full Name, Mailing Address and Zip Code Specific Purpose of Office Use Amount Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made
SIEMANN'S SIGPS LCC
1953 W. 57. MARTINS R.
FRAMILIAN, W. 153132
Check II: II In-Kind Offset Expenditure 1 125111 435.07 SIGNAGE Date Full Name, Mailing Address and Zip Code Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Expenditure STEVE KRAEGER 4975 SITH PL MILLIPLES WI Check II. In-Kind Orisel 1 130 11 REIMBURSEMENT 45.10 53221 Date Full Name, Mailing Address and Zip Code Specific Purpose of Office Itse Amount Of Person or Business to Whom Payment is Made LYNN CLAPKE
26,39 3 WIND LAKE RD#3
LOIND LAKE, WI 53185 Expenditure 116111 WEB \$ 400.00 SERVICES Check if: In-Kind Offset Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made Date Specific Purpose of Amount Office Use Expenditure 1 16/11 LYNN CLARKE WEB \$ 125 00 WIND LAKE, WI 53185 HOSTING Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Date Specific Purpose of Amount Office Use Of Person or Business FEB EX OFFICE Expenditure 1 2011 MASS 8907 S HOWELL AVE DAK CREEK, WI 53/54 Check it: [] In-Kind Offset MAJLING Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made Date Specific Purpose of Office Use Amount Expenditure 1110 FED EX OFFICE 3907 S. HOWELL AVE DAK CREEK, WI 53/54 Check if: \[\ln-Kind Offset 2/1/2 COPIES Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made
FED EX OFFICE
A07 5 HOWELLAV C
OAK CREEK, 10153/54 Date Specific Purpose of Amount Office Use Expenditure 12611 or CREATION 120. CHARGE Check if: In-Kind Offset \$1427.09 SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$1427.09 **TOTAL ITEMIZED EXPENDITURES** 20.12 TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS | \$ TOTAL EXPENDITURES | \$

DISBURSEMENTS Gross Expenditures

Page 2 of 2

Complete Committee Name	
KRAEGER FOR SUPERVISOR DIST, 214	
LE RHEUSER FOIC SUPERVISOIR DIST. 14	

Instructions for	completing schedules are on the back of each schedule.			
Date	Full Name, Mailing Address and Zio Code	Specific Purpose of	Amount .	Office Use
1 12411	Of Person or Business to Whom Payment is Made	Expenditure		
, , , , , , , , ,	FEDEX OFFICE	a	MASS	
1	8907 5 H DUXELLAVE OAK CREEK, WI 53/54 Check if: I In-Kind Offset	\$ 414.30		i
:	OAK CREEK, WI 53/54	414.30	MAILING	
Date	Check if: In-Kind Offset			
	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1124 1	FED EX OFFICE		BOINT	
		\$ _	BRINTBUSS	- 6
Į.	SAME AS BOVE	73.91	BUSINES	
ŀ	Check if: In-Kind Offset		CARDS	
Date	Full Name, Mailing Address and Zio Code Of Person or Business to Whom Payment is Made	Specific Purpose of	Amount	Office Use
1 128111	Of Person or Business to Whom Payment is Made	Expenditure		
1/1201/1	FED EX OFFICE	1	harass	
ŀ	SAME AS ABOUE	5-445.12	MASS MAILING	
ļ			MAILING	
Date	Check if: In-Kind Offset			
Date	Full Name, Maiting Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1 1	·	Experience	[
	. *	1	i	
	922	ļ	ĺ	İ
· ·	Check if: 🔁 In-Kind Offset	1		1
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
	Of Person or Business to Whom Payment is Made	Expenditure	1	J.1104 039
' '				
1		1	1	
ľ			<u> </u>	
Date	Check if: In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1 1	are the second of the second o	Experiorore	ļ _	
		1	-	
1		}	:\$3	
1	Check if:	1	1	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
, ,	Of Person or Business to Whom Payment is Made	Expenditure		
'''		1	1	
į			<u> </u>	
Date	Check II: 1: In-Kind Offset Full Name, Mailing Address and Zip Code			
Date	Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1 1	The state of the s	Experiordie	1	
[45			
		*	1	
	Check if: In-Kind Offset	1		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
, ,	Of Person or Business to Whom Payment is Made	Expenditure	}	000
		1	1	
		ł	1	
	a	!		
	Check if: In-Kind Offset	<u> </u>		127
	SUBTOTAL ITEMIZED EX	PENDITURES THIS PAGE	1.5932 35	
			107.53,55	
			5033 30	
	TOTAL	TEMIZED EXPENDITURES	\$5933,35	
	TOTAL UNITEMIZED EXP	ENDITURES \$20 OR LESS		
	A management of the Color of th		-	
		TOTAL EXPENDITURES	7260.111	
		TOTAL EXPENDITURES	151280177	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Page ____ of ___

Loans Individual, Committee or Commercial

Complete Com	mittee Name	100	44			
KRAEC	BER FOR S	UPERVISOR DIS	7 74			~
Instructions fo	or completing schedules are	on the back of each schedule.				
	Full Name, Mailing Address at STEVE KRACKE 4975 5.1551 MILWAKEE,	- 4.7% O- 4 (1) O	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
		WI 53221		\$50,850.00	Ø	50,850,00
List All Endorse	ers or Guarantors (if any)					<u> </u>
Full Name, Mai of Guarantor	iling Address and Zip Code	Occupation				
		Name and Address of Employer		-		
		Amount Guaranteed Outstanding S				
Full Name, Mai of Guarantor	iling Address and Zip Code	Occupation	•			
		Name and Address of Employer				
		Amount Guaranteed Outstanding				
		s			- 1	
	Full Name, Mailing Address a	and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date	1		OI THIS PERIOD	Period	Triis Period	CHO OI THIS PERIOD
1 1				1		
List All Endorse	ers or Guarantors (if any)			<u> </u>		<u> </u>
Full Name, Mai of Guarantor	iling Address and Zip Code	Occupation	-			
		Name and Address of Employer				
		Amount Guaranteed Outstanding				
		<u>s</u>				
of Guarantor	iling Address and Zip Code	Occupation				
		Name and Address of Employer				
		Amount Guaranteed Outstanding				
	Full Name Mailing Address a	and Zip Code of Loan Source	Outstanding	T	Cumulative	Outstanding
	- Tarrior, Maining Activities	and E.p Odds of Edan Oddica	Balance Beginning of This Period	New Loans This Period	Payments This Period	Balance End of This Period
Date					1	1.0
1 1				<u> </u>	27	
List All Endorse	ers or Guarantors (if any)				1	
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation	··			83
[Name and Address of Employer				
		Amount Guaranteed Outstanding				
Full Name 14s	iling Address and Zip Code	\$ Convention				
of Guarantor	wind workess and sib code	Occupation			1	
		Name and Address of Employer		·-,		

Amount Guaranteed Outstanding

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$50,850

TOTAL OUTSTANDING LOANS \$50,850,

ADDITIONAL DISCLOSURE In-Kind Estimates

STEVEN KRAEGER FOR SUPERVISOR #14

SCHEDULE 3-C

Estimated Value of In-Kind Contributions Received From Individuals and Committees

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only
i · 25-/1	STACY KATT 2833 S LINEBARGER TERR MILWAUKEE, WI 53207	I	PHOTOGRAPHN SERVICES	225-00	225,00	
	e)					

SCHEDULE 3-D

Estimated Value of In-Kind Contributions Given To Candidates or Committees

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only
		ρ.			
	s				
;		***			×